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### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

## NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL							
OMB Number:	3235-0076						
Expires:	May 31, 2005						
Estimated average burden							
hours per respons	se16.00						

SEC USE ONLY						
Prefix	Serial					
DATE RECEIVED						

Name of Offering (□			C	0			
Series B-1 Preferred Starting Under (Check box Type of Filing:   New 1	k(es) that apply):   Rule	504 🗆 Rule 505				nc.	
		A. BASIC IDEN	TIFICATION DATA				
Enter the information	requested about the issu			<u>-</u>			
			nged, and indicate change	e.)			
Address of Executive Off 1650 Arch Street, 18th			et. City, State, Zip Code)	Telephone ,		5	
Address of Principal Bus (if different from Executi	•	(Number and Stree	t, City, State, Zip Code)	Telephone Numb	er (Includir	ng Area Code)	<del></del>
Brief Description of Bus		conference registra	tion and coordination se	rvices.		PROCESS	
Type of Business Organi  corporation business trust	ization  Imited partnership Imited partnership	•	□ other (please sp	ecify):	B	APR 0 8 200 THOMSON	5
Actual or Estimated Date Jurisdiction of Incorpora		(Enter two-letter l	Year  9 9 9   J.S. Postal Service abbre N for other foreign jurisd		] Estima	nted D	E

### GENERAL INSTRUCTIONS

### Federal

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

*Information Required:* A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

### State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the from displays a currently valid OMB control number.

SEC 1972 (6-02)

### A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
  - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
  - Each general and managing partner of partnership issuers.

Check Box(es) that Apply:   Promote	r 🗵 Beneficial Owner	Executive Officer	General Partner and/or Managing Partner
Full Name (Last name first, if individual) Pino, John			
Business or Residence Address (Number 1650 Arch Street, 18th Floor, Philadelphi		Code)	
Check Box(es) that Apply:   Promote	r   Beneficial Owner	■ Executive Officer □ Director	General Partner and/or Managing Partner
Full Name (Last name first, if individual) Gray, William			
Business or Residence Address (Number 1650 Arch Street, 18th Floor, Philadelphi		Code)	
Check Box(es) that Apply: ☐ Promote	r   Beneficial Owner	■ Executive Officer □ Director □	General and/or Managing Partner
Full Name (Last name first, if individual) Low, Chin Hock			
1650 Arch Street, 18th Floor, Philadelphi	and Street, City State, Zip Ca, Pennsylvania 19103	Code)	
Check Box(es) that Apply:   Promote	r   Beneficial Owner	⊠ Executive Officer □ Director □	General and/or Managing Partner
Full Name (Last name first, if individual)  Yarbrough, Mel			
Business or Residence Address (Number 1650 Arch Street, 18th Floor, Philadelphi	and Street, City State, Zip ( a, Pennsylvania 19103	Code)	
Check Box(es) that Apply: ☐ Promote	r   Beneficial Owner	⊠ Executive Officer □ Director □	General and/or Managing Partner
Full Name (Last name first, if individual)  McNulty, Betty			
1650 Arch Street, 18th Floor, Philadelphi		Code)	
	r 🛘 Beneficial Owner	■ Executive Officer □ Director □	General and/or Managing Partner
Full Name (Last name first, if individual)  Bennett, Bob			
Business or Residence Address (Number 1650 Arch Street, 18th Floor, Philadelphi	and Street, City State, Zip Ca, Pennsylvania 19103	Code)	
Check Box(es) that Apply: ☐ Promote	r   Beneficial Owner	■ Executive Officer □ Director □	General and/or Managing Partner
Full Name (Last name first, if individual) Phillips, Mark			
Business or Residence Address (Number 1650 Arch Street, 18th Floor, Philadelphi	and Street, City State, Zip (a, Pennsylvania 19103	Code)	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

### A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
  - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
  - Each general and managing partner of partnership issuers.

Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	×	Director		General Partner and/or Managing Partner
Full Name (Last name first, if Luby, William	indiv	vidual)								
Business or Residence Addres Seaport Capital Partners II,						ı Floor, New York, 1	New '	York 10038		
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	×	Director		General Partner and/or Managing Partner
Full Name (Last name first, if Torrillo, John J.	indiv	vidual)	-							
Business or Residence Addres Strattech Partners, 100 Mats						e Center, Radnor, P	ennsy	lvania 190	87	
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	×	Director		General and/or Managing Partner
Full Name (Last name first, if Forster, Mike			,							
Business or Residence Addres Internet Capital Group, 109				eet, City State, Zip C ouisvile, Mississipp		39	•			
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	×	Director		General and/or Managing Partner
Full Name (Last name first, if Tenholder, Mike	indiv	vidual)			_					
Business or Residence Addres Maritz Inc., 1395 North High					ode)					
Check Box(cs) that Apply:		Promoter		Beneficial Owner		Executive Officer	×	Director		General and/or Managing Partner
Full Name (Last name first, if Gjivoje, Davor.										,
Business or Residence Addres DCG Holdings Ltd., 300 Lan	dine	ex Plaza, Pa	arsip	pany, New Jersey 0						
Check Box(es) that Apply:				Beneficial Owner		Executive Officer	×	Director		General and/or Managing Partner
Full Name (Last name first, if Moore, Bob										
Business or Residence Addres Freeman Decorating, 1421 W				eet, City State, Zip C e, Dallas, Texas 752						
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	X	Director		General and/or Managing Partner
Full Name (Last name first, if Rittenhouse, Thomas S.	indi	vidual)								
Business or Residence Addres UCC, Inc., 1009 Lenox Drive						48				

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

### A. BASIC IDENTIFICATION DATA

### 2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer:
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer	×	Director		General Partner and/or Managing Partner	
Full Name (Last name first, if in Casey, Mary	dividual)									
Business or Residence Address (Number and Street, City State, Zip Code) Starwood Hotels and Resorts Worldwide, Inc., 777 West Chester, White Plains, New York 10604										
Check Box(es) that Apply:	Promoter	×	Beneficial Owner		Executive Officer		Director		General Partner and/or Managing Partner	
Full Name (Last name first, if in ICG Holdings, Inc.	,									
Business or Residence Address 100 Lake Drive, Pencaser Cor										
Check Box(es) that Apply: □		×	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner	
Full Name (Last name first, if in Starwood Hotels and Resorts V	Worldwide, Inc									
Business or Residence Address 777 West Chester, White Plair	s, New York 1	0604		Code)						
Check Box(es) that Apply: □		×	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner	
Full Name (Last name first, if in TL Ventures IV, L.P.	, 									
Business or Residence Address 435 Devon Park Drive, 700 Bu			et, City State, Zip C nsylvania 19087	ode)						
Check Box(es) that Apply:	Promoter	×	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner	
Full Name (Last name first, if in Seaport Capital Partners II, L	.P									
Business or Residence Address 1 Scaport Plaza, 199 Water St										
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner	
Full Name (Last name first, if in	dividual)									
Business or Residence Address	(Number and	d Stre	et, City State, Zip C	Code)		_				
Check Box(es) that Apply:			Beneficial Owner		Executive Officer		Director		General and/or Managing Partner	
Full Name (Last name first, if in	dividual)									
Business or Residence Address	(Number and	1 Stre	eet, City State, Zip C	Code)			• • • • • • • • • • • • • • • • • • • •			

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

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				B. INI	FORMAT	ION ABO	OUT OFF	ERING_				
1. Has the iss	suer sold. or				n-accredited in 2, if filing			g?	*******	Yes	No ⊠	
2. What is th	e minimum	investment	that will be a	accepted fro	om any indivi	iduał?				\$_	()	_
3. Does the	offering per	mit joint ow	nership of a	single unit	?	, <b>.</b>				Yes ⊠	No	
commiss offering, with a sta	ion or simil If a person ite or states.	ar remunera to be listed it list the nam	ntion for sol s an associat ne of the bro	icitation of ed person or ker or deale	s been or wi purchasers in agent of a b r. If more the information	in connection broker or dea nan five (5) p	on with sale ler registered persons to be	s of securit d with the SI e listed are a	ies in the EC and/or			
Full Name (L	ast name f	irst, if indiv	ridual)								····	
Business or F	Residence A	Address (Nu	umber and S	Street, City	, State, Zip	Code)		<del></del>				
Name of Asso	ociated Bro	oker or Dea	ler									
States in Whi	ch Person	Listed Has	Solicited or	r Intends to	Solicit Pur	chasers						
(Check "A [AL]	.ll States" o	or check inc [AZ]	lividual Sta [AR]	tes) [CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	☐ All States
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[MT] [RI]	[NE]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]
Full Name (L	ast name f	irst, if indiv	ridual)			<u>-</u>		<del>.</del>			· · · · · · · · · · · · · · · · · · ·	<u> </u>
Business or F	Residence A	Address (Ni	umber and S	Street, City	, State, Zip	Code)						<del> </del>
Name of Asse	ociated Bro	oker or Dea	ler									
States in Whi	ch Person	Listed Has	Solicited or	r Intends to	Solicit Pui	rchasers					······································	
(Check "A	.II States" o	or check inc	lividual Sta	tes)	***************************************							.   All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]
Full Name (L				[17]			[ t A ]	["A]	£,,,1	[,,,,]		[, 1,]
Business or F	Residence A	Address (Ni	umber and S	Street, City	, State, Zip	Code)	•	<del></del>				
Name of Asse	ociated Bro	oker or Dea	ler						<del>.</del>		<u> </u>	
States in Whi	ch Person	Listed Has	Solicited o	r Intends to	Solicit Pur	rchasers				. ,		
(Check "A	II States" o	or check inc	dividual Sta	ites)								
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
(IL)	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [XT]	(NM) [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]
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### C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount already

	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	\$
	Equity	\$ 4,800,000*	S
	☑ Common ☐ Preferred		
	Convertible Securities (including warrants) Series B-1 Preferred Stock	\$ 4,800,000	\$ 1,500,000
	Partnership Interests	\$	\$
	Other (Specify:)	\$	S
	Total	\$ 4,800,000	\$ _1,500,000
	Answer also in Appendix, Column 3, if filing under ULOE *Represents value of common stock issuable upon conversion of the Series B-1 Preferred.		,
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number of Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	5	\$_1,500,000
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.		
		T. C	D 11 A
	Type of offering NOT APPLICABLE	Type of Security	Dollar Amount Sold
	Type of offering NOT APPLICABLE  Rule 505	Type of Security	
	Type of offering NOT APPLICABLE  Rule 505		
	Rule 505		
	Rule 505		
4.	Rule 505 Regulation A Rule 504		Sold \$ \$
4.	Regulation A		Sold \$ \$
4.	Regulation A		Sold \$ \$ \$ \$ \$ \$ \$ \$
4.	Rule 505  Regulation A		Sold  \$ \$ \$ \$ \$
4.	Rule 505  Regulation A  Rule 504  Total  a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.  Transfer Agent's Fees.		Sold \$ \$ \$ \$ \$ \$ \$ \$
4.	Regulation A.  Rule 504  Total  a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.  Transfer Agent's Fees.		Sold \$ \$ \$ \$ \$ \$ \$ \$
4.	Regulation A		\$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$

b. Enter the difference between the aggregate offering and total expenses furnished in response to Part C - Qu			\$ <u>4,700,000</u>
proceeds to the issuer."			
5. Indicate below the amount of the adjusted gross proced each of the purposes shown. If the amount for any check the box to the left of the estimate. The total of the proceeds to the issuer set forth in response to Part C	purpose is not known, furnish an estimate payments listed must equal the adjusted	ite and	
		Payments to Officers, Directors, & Affiliates	Payments To Others
Salaries and fees		□ \$	□ \$
Purchase of real estate		□ \$	□ \$
Purchase, rental or leasing and installation of m	achinery and equipment	□ \$	□ \$
Construction or leasing of plant buildings and f	acilities	🗆 \$	□ \$
Acquisition of other businesses (including the volfering that may be used in exchange for the aspursuant to a merger)	ssets or securities of another issuer	□ \$ 	□ \$
Repayment of indebtedness		□ \$	□\$
Working capital		🗆 \$	<b>■</b> \$ 4,700,000
Other (specify):		. <b>□</b> \$	□ \$
Column Totals		🗆 \$	<b>■</b> \$ 4,700,000
Total Payments Listed (column totals added)			\$ <u>4,700,000</u> .
en de la companya de	D. FEDERAL SIGNATURE		and the second control of the second control
and the control of th	N 1864 andre National Des Benefit (and the control of the control	<u> </u>	
The issuer has duly caused this notice to be signed by the u signature constitutes an undertaking by the issuer to furnish information furnished by the issuer to any non-accredited in	to the U.S. Securities and Exchange Co	ommission, upon wri	
Issuer (Print or Type)	Signature		Date
STARCITE, INC.	1111/		April 4 , 2005
Name of Signer (Print or Type)	Title of Signer (Print or Type)		
William Gray	Chief Financial Officer		

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

**ATTENTION** 

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)